

UNITED STATES DISTRICT COURT

for the

Northern District of California

ALFRED ARTHUR SANDOVAL

Plaintiff

v.

JAMES TILTON et al.,

Defendant

Civil Action No. CV 08-00865 JSW

Summons in a Civil Action

To: (Defendant's name and address)

James Tilton et al.,
(See attached sheet)

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

ALFRED ARTHUR SANDOVAL
DU1000
PELICAN BAY STATE PRISON
P.O. BOX 7500
CRESCENT CITY, CA 95532

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Richard W. Wiering

Name of clerk of court

Date: 5/9/08

HILARY JACKSON

HILARY JACKSON

Deputy clerk's signature

Sergeant D. Barneburg
Sergeant J. Beeson
C.O. Bishop
C.O. T. Buchanan
C.O. C. Countess
RN, J. Flowers
C.O. J. Puente
C.O. J. Reyes
Family Nurse Practitioner S. Risenhoover
Chief Medical Officer M. Sayre
C.O. Tamayo

To be served at:

Pelican Bay State Prison
5905 Lake Earl Drive
Crescent City, CA 95531

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Alfred Arthur Sandoval	COURT CASE NUMBER 08-865JSW
DEFENDANT James Tilton et al.,	TYPE OF PROCESS Complaint, Order, Summons

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	C.O. Tamayo
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Pelican Bay State Prison, 5905 Lake Earl Drive, Crescent City, CA 95531

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Alfred Sandoval
D61000
P.O. Box 7500
Crescent City, CA 95532

Number of process to be
served with this Form 285

3

Number of parties to be
served in this case

11

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

415-522-4261

DATE

5/9/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)Name and title of individual served (*if not shown above*)☐ A person of suitable age and discretion then residing in defendant's usual place of abodeAddress (*complete only different than shown above*)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

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PLAINTIFF

Alfred Arthur Sandoval

COURT CASE NUMBER

08-865JSW

DEFENDANT

James Tilton et al.,

TYPE OF PROCESS

Complaint, Order, Summons

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Chief Medical Officer M. Sayre

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Pelican Bay State Prison, 5905 Lake Earl Drive, Crescent City, CA 95531

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Alfred Sandoval
D61000
P.O. Box 7500
Crescent City, CA 95532Number of process to be
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Signature of Attorney other Originator requesting service on behalf of:

HILARY JACKSON

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

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Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

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then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)**\$0.00**

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Family Nurse Practitioner S. Risenhoover
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Pelican Bay State Prison, 5905 Lake Earl Drive, Crescent City, CA 95531

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D61000
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Crescent City, CA 95532

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Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

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DEFENDANT James Tilton et al.,	TYPE OF PROCESS Complaint, Order, Summons

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C.O. J. Puente
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Pelican Bay State Prison, 5905 Lake Earl Drive, Crescent City, CA 95531

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Alfred Sandoval
D61000
P.O. Box 7500
Crescent City, CA 95532

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Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

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DATE

5/9/08

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	No. _____	No. _____	No. _____		

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Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

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 United States Marshals Service

PROCESS RECEIPT AND RETURN See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Alfred Arthur Sandoval	COURT CASE NUMBER 08-865JSW
DEFENDANT James Tilton et al.,	TYPE OF PROCESS Complaint, Order, Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 C.O. J. Reyes
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 Pelican Bay State Prison, 5905 Lake Earl Drive, Crescent City, CA 95531

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Alfred Sandoval D61000 P.O. Box 7500 Crescent City, CA 95532	Number of process to be served with this Form 285	3
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Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-4261	DATE 5/9/08
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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy

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PLAINTIFF Alfred Arthur Sandoval	COURT CASE NUMBER 08-865JSW
DEFENDANT James Tilton et al.,	TYPE OF PROCESS Complaint, Order, Summons

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

R.N. J. Flowers

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Pelican Bay State Prison, 5905 Lake Earl Drive, Crescent City, CA 95531

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Alfred Sandoval
D61000
P.O. Box 7500
Crescent City, CA 95532

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served with this Form 285

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Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

HILARY JACKSON

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

415-522-4261

DATE

5/9/08

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District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

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Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
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Rev. 12/15/80
Automated 01/00

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United States Marshals Service

PROCESS RECEIPT AND RETURN
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PLAINTIFF Alfred Arthur Sandoval	COURT CASE NUMBER 08-865JSW
DEFENDANT James Tilton et al.,	TYPE OF PROCESS Complaint, Order, Summons

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C.O. C. Countess
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Pelican Bay State Prison, 5905 Lake Earl Drive, Crescent City, CA 95531

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Alfred Sandoval D61000 P.O. Box 7500 Crescent City, CA 95532	Number of process to be served with this Form 285	3
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	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of: TERRY JACKSON	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-4261	DATE 5/9/08
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 C.O. T. Buchanan
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 Pelican Bay State Prison, 5905 Lake Earl Drive, Crescent City, CA 95531

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Fold Fold

Signature of Attorney other Originator requesting service on behalf of: HILARY JACKSON	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-4261	DATE 5/9/08
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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
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PLAINTIFF Alfred Arthur Sandoval		COURT CASE NUMBER 08-865JSW	
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	C.O. Bishop		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Pelican Bay State Prison, 5905 Lake Earl Drive, Crescent City, CA 95531		
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Signature of Attorney other Originator requesting service on behalf of: HILARY JACKSON	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-4261	DATE 5/9/08
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Signature of U.S. Marshal or Deputy	

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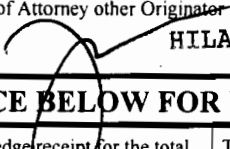
PLAINTIFF Alfred Arthur Sandoval	COURT CASE NUMBER 08-865JSW
DEFENDANT James Tilton et al.,	TYPE OF PROCESS Complaint, Order, Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 Sergeant J. Beeson
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 Pelican Bay State Prison, 5905 Lake Earl Drive, Crescent City, CA 95531

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Alfred Sandoval D61000 P.O. Box 7500 Crescent City, CA 95532	Number of process to be served with this Form 285	3
	Number of parties to be served in this case	11
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold Fold

Signature of Attorney other Originator requesting service on behalf of:  HILARY JACKSON	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-4261	DATE 5/9/08
--	---	----------------------------------	----------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	No. _____	No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (<i>complete only different than shown above</i>)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Alfred Arthur Sandoval	COURT CASE NUMBER 08-865JSW
DEFENDANT James Tilton et al.,	TYPE OF PROCESS Complaint, Order, Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Sergeant D. Barneburg
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Pelican Bay State Prison, 5905 Lake Earl Drive, Crescent City, CA 95531

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Alfred Sandoval
D61000
P.O. Box 7500
Crescent City, CA 95532

Number of process to be served with this Form 285

3

Number of parties to be served in this case

11

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

HILARY JACKSON

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

415-522-4261

DATE

5/9/08

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date	Time
	<input type="checkbox"/> am <input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED